|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Final Expenditures** | | | | | |
| **COLLEGE:** |  | | | | |
| **PERKINS CONTACT:** |  | | | | |
| **Phone Number/Email:** |  | | | | |
| **Expenditure Accounts** | **1st Quarter** | **2nd Quarter** | **3rd Quarter** | **4th Quarter** | **Final Expenditures** |
| Leadership, Organization, & Support |  |  |  |  |  |
| Access, Equity, & Opportunity |  |  |  |  |  |
| Alignment & Transition |  |  |  |  |  |
| Enhanced Curriculum & Instruction |  |  |  |  |  |
| Professional Preparation & Development |  |  |  |  |  |
| Program Improvement & Accountability |  |  |  |  |  |
| General Administration  (May not exceed 5%) |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |
| **ONLINE EXPENDITURE REPORT**  **A FY2017 Online Final Expenditure Report must also be completed. Additional information will be distributed by the Grantor at a later date.**  **A signed copy of this report must be submitted by email, fax,**  **or mail on or before August 30, 2017 to:**  ATTN: Sarah Robinson  Illinois Community College Board  401 East Capitol Avenue  Springfield, IL 62701  Fax: (217)785-0090  [sarah.e.robinson@illinois.gov](mailto:Sarah.e.robinson@illinois.gov) | | | | | |

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| **Program Improvement Activities** | | |
| 1. Identify all deficient measure(s) by checking the boxes in the left hand column. 2. List 1-3 major accomplishments for each deficient measure, drawing from the program improvement activities specified in your Perkins plan. 3. Indicate whether you met or exceeded your expected outcome(s). | | |
| **Did Not Meet** | **Performance Measures** | **Accomplishments** |
|  | 1P1: Technical Skill Attainment |  |
|  | 2P1:Credential, Certificate, or Diploma |  |
|  | 3P1: Student Retention or Transfer |  |
|  | 4P1: Student Placement |  |
|  | 5P1: Nontraditional Participation |  |
|  | 5P2: Nontraditional Completion |  |
| **List any barriers you encountered while implementing the PIP activities.** | | |
|  | | |

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| **Program Activities** | |
| 1. List at least 3 major accomplishments for each Principle drawing from the activities described in your FY 2017 grant plan. 2. Indicate whether you met or exceeded the expected outcomes for those activities. | |
| **Postsecondary Perkins Principles** | **Accomplishments** |
| (1) Leadership, Organization, & Support |  |
| (2) Access, Equity, & Opportunity |  |
| (3) Alignment & Transition |  |
| (4) Enhanced Curriculum & Instruction |  |
| (5) Professional Preparation & Development |  |
| (6) Program Improvement & Accountability |  |
| **List any barriers you encountered while implementing the Perkins grant plan activities.** | |
|  | |

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| --- | --- | --- |
| **Programs of Study** | | |
| List all POS’s that you chose to focus on during FY17. | Describe the activities that were conducted for each Program of Study. | Indicate whether or not the POS meets the minimum requirements and quality standards of the Expectations Tool. |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

*Add rows as necessary.*

|  |
| --- |
| **List any barriers you encountered while developing, implementing or evaluating programs of study during FY 2017.** |
|  |

|  |  |
| --- | --- |
| **Technical Assistance** | |
| Identify any technical assistance areas you would like ICCB to address. |  |
| List any professional development topics you would like ICCB to cover in the future. |  |
| Additional Comments |  |

By submitting this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures and disbursements made with these funds are for the purposes and objectives set forth in the terms and conditions of the applicable Federal or State award or program participation agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 C.F.R. 200.415)